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ABSTRACT

Provided is the script for a presentation of 16 slides on staff training, orientation, and role in a clinical setting providing educational programs for the preschool and primary grade handicapped child. The sixteen slide commentaries cover an introduction to principles and implementation of a staff training program in a clinical setting, staff qualifications and organization, staff training needs, program evaluation, advisory board role, parent involvement, instructional materials used, volunteers, assessment tools and techniques, curriculum design and implementation, use of behavior modification, budget, information dissemination, and local sponsorship and funding. (CB)

EARLY CHILDHOOD EDUCATION FOR HANDICAPPED CHILDREN

THE DEPARTMENT OF SPECIAL EDUCATION

THE UNIVERSITY OF TEXAS AT AUSTIN

STAFF TRAINING

A PROTOTYPE

FUNDED BY: THE BUREAU OF EDUCATION FOR THE HANDICAPPED, UNITED STATES OFFICE OF EDUCATION

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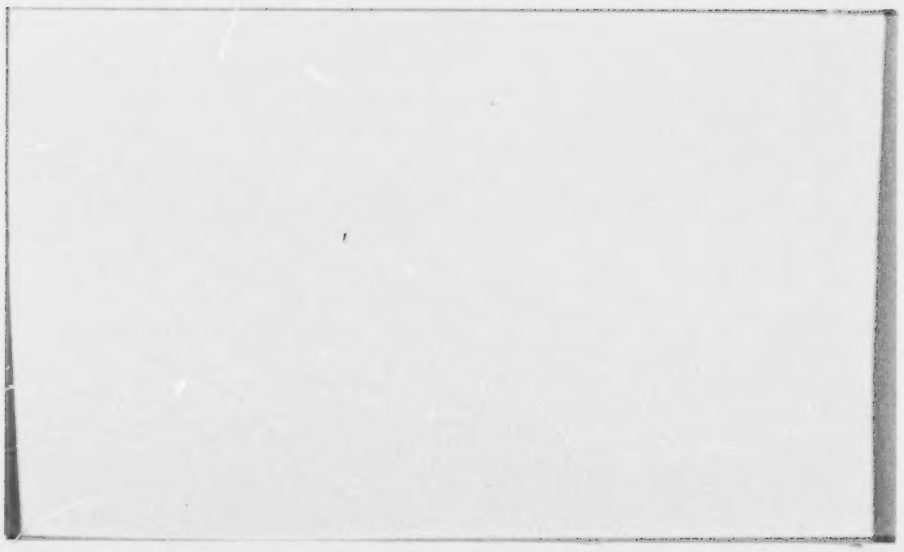

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THE UNIVERSITY OF TEXAS AT AUSTIN

Program for Staff Training of Exemplary Early Childhood Centers

for Handicapped Children

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P R E S E N T S

THE STAFF TRAINING PROTOTYPE SERIES

STAFF TRAINING IN A CLINICAL SETTING

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by

Tina E. Bangs

Vol.II No.4

Project Director
A Model Program for Early Education of
Handicapped Children
The Houston Speech and Hearing Center

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STAFF TRAINING: PRINCIPLES, PROBLEMS AND SOLUTIONS

SLIDE 1 - INTRODUCTION

On September 30, 1968, Public Law 90-538, the Handicapped Children's Early Education Act was signed by the President. It authorized the establishment and operation of model pre-school programs (birth to first grade) and early education programs (first through third grade). At the beginning of fiscal year 1969-70, this Act provided monies to fund three Operational Grants and 23 Planning Grants. In the beginning of fiscal year 1970-71, Planning Grants became Operational, and 19 new grants were awarded. Thus, 40 agencies are currently engaged in developing model programs designed to meet the potential language, learning, social and physical needs of all handicapped children. It is important to note that very little emphasis is placed upon the labeling of children; i.e., mentally retarded, deaf, blind, cerebral palsied, etc., because the national trend is to shift the emphasis from the handicapping condition of the child to his educational needs.

PURPOSE

The purpose of this paper and the accompanying slides is to present principles, problems and solutions related to Staff Training in a Clinical Setting.

DEFINITION

In the initial stages of writing the grant proposal, the author came upon the following paragraph taken from the Policies and Procedures booklet issued by the Bureau of Education for the Handicapped, U. S. Office of Education: "Each project should include in-service activities for its personnel. These activities may include formal and informal staff meetings, workshops, nation-

al, regional and state institutes, retreats, demonstrations, work conferences, laboratory and clinical experiences, training in the use of media and cooperative enterprises with nearby projects."

The need for staff training was recognized by the Project Director, but was not considered a major factor in developing the model programs. She assumed that an appropriate staff with an abundance of expertise and ample time to focus on one project for three years could produce exemplary programs.

THE HOUSTON SPEECH AND HEARING CENTER PROJECT

A Planning Grant was awarded through the Bureau of Education of the Handicapped to the Houston Speech and Hearing Center (HSHC), July 1, 1969. The title of the project, "A Model Program for Early Education of Handicapped Children" was chosen with the following major objectives: to develop identification, assessment and training techniques (with curriculum guides) for families and their handicapped children, irrespective of their handicapping conditions. Inasmuch as this objective had been met at the Houston Speech and Hearing Center for the age group three to first grade (6), the decision was made to extend the age range downward and upward. The population chosen were the age group Birth to Three and a Non-Graded, First Level Primary Class.

The first step was to prepare a table of organization that would be subject to little if any change during the period of time the exemplary programs were being developed. Selection of staff that would remain with the project was considered desirable. Furthermore, it seemed logical to select personnel

who had specific talents related to the handicapped children to be enrolled, and certification and competency that would be needed to develop model programs.

SLIDE 2 - TABLE OF ORGANIZATION

With reference to the slide you are viewing, i.e., table of organization, the following summary of staff vitae emphasizes again the expertise within this group of professional persons.

Project Director (90%) . . . . Tina E. Bangs, Ph.D.

Certification: American Speech and Hearing Association
Speech Pathology and Audiology
Teaching Certificate

Responsibilities: Direct the Project
Dissemination of information
Volunteers
Budget
Total project evaluation
Subsequent local and/or state funding

Language/Learning Diagnostician (30%) . . . . Joan Lynch, Ed.D.

Certification: American Speech and Hearing Association
Speech Pathology and Audiology

Responsibilities: Supervise assessments
Assist in the development of pertinent assessment tools and techniques

Audiologist (30%) . . . . Paul Caillet, M.A.

Certification: American Speech and Hearing Association
Audiology

Responsibilities: Supervise audiological assessments
Development of pertinent audiological assessments

Psychologist (30%) . . . . Kenneth Ware, Ph.D.

Certification: Licensed by Texas State Board of Examiners of Psychologists

Responsibilities: Behavior modification program with parents
Behavior modification program in the classroom
Parent counselling

Program Developer (Birth to Three Program) (100%). . . . Susan Garrett, M.A.

Certification: American Speech and Hearing Association Speech Pathology

Responsibilities: Assist in development of assessment techniques
Provide services to parents and children
Develop a curriculum guide
Supervise the instructional aide

Program Developer (Non-Graded, Level I Primary Class) (90%) . . . . Anne Rister, M.S.

Certification: American Speech and Hearing Association Audiology
Teaching Certificate
Teacher of the Deaf Certificate

Responsibilities: Assist in development of assessment techniques
Teach the class
Develop a curriculum guide
Supervise the instructional aide

Instructional Aide (Birth to Three Program) (100%). . . . Eloise Penson

Certification: 2 years on-the-job training at HSHC
Sponsored by New Careers Program

Responsibilities: Work under the direction of the Program Developer

Instructional Aide (Non-Graded,
Level I Primary Class)
(100%) . . . . Johnnie Jackson

Certification: 2 years on-the-job training at HSHC
Sponsored by New Careers Program

Responsibilities: Work under the direction of the
Program Developer

Here, then, was a select staff invested with expertise, high quality clinical experience, innovative minds, positive thinking and a history of having worked together as a team of professionals with no inter-personal relationship problems. In a sociogram, there could be nothing but first choices making each staff member a star. The staff would enter into the Project with feelings of omnipotence, omniscience and full power of accomplishment. In terms of time, low priority would be given to Staff Training.

Early in fiscal year 1969-70 all Project Directors met in Washington, D. C. to discuss mutual problems and to learn more about how to proceed with their respective exemplary programs. Each Director brought with him and shared different ways of looking at handicapped children, and the Bureau Staff invited guest speakers to present current trends in Early Childhood. It was at this conference and a subsequent one sponsored by The University of Texas at Austin Staff Training Project that this Project Director became concerned and aware of the many nuances involved in Staff Training. She related this concern to her Project Staff and thus, it was that staff training became eminent.

We began to ask questions of each other hoping to find answers within our own staff. For example, did anyone understand the basic principles of evaluation? How could we? At the first meeting of Project Directors in Washington, staff from the University of California at Los Angeles Evaluation Project told us that the state of the art of evaluation was in its infancy. They emphasized the great need for evaluation specialists to develop theories and models of particular relevance to early childhood education of handicapped children. The Project Staff became apprehensive about their deficiencies in the area of evaluation and set out early to invite consultants to provide staff training.

Did we understand that at the end of the three year grant period we were to extend our services into the community which meant finding appropriate funding? The Project Staff had not developed options or strategies so again became apprehensive about accepting government monies to develop a program that possibly could disappear at the end of three years due to lack of local or state support.

SLIDE 3 - EMBARRASSED PROJECT DIRECTOR

Chagrin and embarrassment befell the Project Director who falsely assumed that staff training was only minimally important if professional personnel had demonstrated competency in previous programs. She was abashed. As an immediate reaction, Project Staff met to discuss staff training needs and listed the following:

SLIDE 4 - STAFF TRAINING NEEDS

Before discussing the problems and solutions related to these specific topics, the question of who participates in staff training needed an answer.

WHO PARTICIPATES IN STAFF TRAINING?

Problems

At the Houston Speech and Hearing Center, staff members have always been considered special people and other than elevation to positions of greater responsibility and consequent salary increments, all are considered equivalent within areas of competence. Now came the time, however, when certain diagnosticians, teacher-clinicians, secretaries, etc., would be invited to participate in the grant program. Would this discrimination cause friction among personnel? Would being a member of the Project Staff become a more enhancing position? There was every indication that a problem was at hand after final selection of Project Staff was completed.

Solutions

1. A table of organization was drawn representing the total service program of the Houston Speech and Hearing Center and the funding source of each activity.

2. A meeting of the Project and non-Project Staff was held to view the table of organization and discuss the manner in which staff training could be accomplished. The consensus of the group was that non-Project Staff members would be included in, or briefed on, all staff training programs. They would be given time in their daily schedule to observe and discuss the model classes, and assistance in adding pertinent new principles and techniques to their own professional skills.

3. Copies of the grant proposal and progress reports would be available to all staff members.

4. In order to involve total staff in making referrals to project and non-project programs, a Placement Committee was formed that included all Houston Speech and Hearing Center professional staff.

SLIDE 5 - EVALUATION

Problems

The topic that plagued Project Staff from the very beginning was evaluation. We knew we were to evaluate progress, but what progress? Whose progress? Progress in which milieu? We knew how to write long term behavioral objectives such as "He will learn to talk." "She will learn to read." But how should detailed descriptions of these long range goals be formulated? What material and media would we use? Could we give valid evidence that our project children improved as a result of the program? How? We truly did not know where to begin to plan an evaluation program that would be efficient, economical and effective.

Solutions

1. Two initial conferences during our Planning Grant year provided rich opportunities to exchange information related to evaluation techniques. These conferences were sponsored by the Bureau of Education for the Handicapped and The University of Texas at Austin Staff Training Project.

2. As a direct result of the above conferences, a representative from EPIC Evaluation Center (14), Dr. Robert Kraner, was invited to spend two days at the Houston Speech and Hearing Center to teach the Project Staff basic principles of evaluation procedure, and application of these principles to our total project. It was this staff training experience that gave us a forward thrust and lift off.

3. Supplemental assistance was given through recommended booklets (1, 2, 15 17, 21).

4. Continued staff training occurred in local and national workshops and conventions.

SLIDE 6 - ADVISORY BOARD

Problems

Two questions arose when the Project Director realized that the Granting Agency recommended the appointment of an Advisory Board: (1) who should be invited to serve on the board and (2) what would be the function of board members? In order to fulfill the requirements of the Granting Agency, a list of Advisory Board names was sumbitted in the grant proposal. These persons primarily represented professional agencies. The true function of an Advisory Board was not clear-cut.

Solution

1. At the first conference for Project Directors, sponsored by the Bureau of Education for the Handicapped, a discussion of Advisory Boards added new dimensions to our concept of outside participation in a professional program. In particular, we had not considered parent participation. This led to the need for a way to select parent members.

2. A meeting of Project Staff resulted in the selection of a community spirited parent whose child had been enrolled at the Houston Speech and Hearing Center seven years prior to the grant, and a verbal parent from the Birth to Three Program. Because parents of children in the Non-Graded Class knew each other well, they were asked to fill the position by voting on a representative from their group.

3. A special meeting of Project Staff was held to discuss the time schedule and agenda for the Advisory Board meetings.

SLIDE 7 - PARENT INVOLVEMENT

Problems

Over the years, the Houston Speech and Hearing Center has provided a fairly comprehensive parent training program. However, conversations with Project Directors from other centers quickly signalled the fact that there were new concepts and techniques related to parent involvement that should be incorporated into our project.

Solutions

1. In order to learn more about dealing with feelings of parents, one Project Staff member, Mrs. Rister, attended a twelve hour course conducted by Mrs. Alline del Valle, ACSW (9) using Auerbach's book as a text (4). The course was replicated by Mrs. Rister for Project and non-Project Staff.

2. A consultant, Mrs. Winifred Northcott, (19) conducted an excellent seminar for staff, parents and invited guests. The topics included: "Facilitating Growth in Patents", "Developing Communication Skills Through Parent Counselling and Education" and "A Comprehensive Pre-School Program -- Birth to Three". Her innovative and practical suggestions were incorporated into our program.

3. A Project Staff member, Mrs. Rister, attended The University of Texas at Austin Staff Training Project conference in the summer of 1970. Dr. Armin Grams' paper, "Critical Issues in Parenthood" (12) placed a much needed emphasis on parents as people.

4. Books and pamphlets pertaining to the topic of parents have been received and circulated among staff. Of particular interest for staff and parents is the syndicated newspaper column by Dr. Arnold Arnold, Parents and Children (3).

5. Dr. W. R. Strong (25), served as consultant to the Project Staff discussing the problems related to involvement of parents of various ethnic groups living in target areas of Houston.

SLIDE 8 - MATERIALS AND MEDIA

Problems

Included in funding of the Houston Speech and Hearing Center's new research building was several thousand dollars alloted for purchase of materials and media. Total staff participated in selecting items, but when they arrived, no system had been developed for storage and retrieval in adequately designed space.

Solutions

1. Again, as a result of discussions with Project Directors who attended the

first University of Texas at Austin Staff Training Conference, we were given the name of Mr. Charles Smull (2) who was recommended as having expertise in developing centers for materials and media. A visitation by Mrs. Rister to Mr. Smull's Center provided us with an efficient and economical plan for storage and retrieval. As a direct result of staff training, we now have a materials and media room. A cross-file catalogue of items is available for each staff member who makes her request once every two weeks on appropriate order forms.

2. To involve only a minimum number of persons responsible for retrieving and storing items, three volunteers were trained to manage the materials and media room. It is their responsibility to take the requested items from the shelves, deliver them to the teachers, retrieve them at the appropriate time, store them and then record specific data that will be useful in re-ordering.

SLIDE 9 - VOLUNTEERS

Problems

The Houston Speech and Hearing Center has been fortunate in having an organized Women's Auxiliary. These women, after they have had an in-service training program offered by staff members, serve as teacher aides, typists, and fund raisers. It became apparent during the planning stages of the grant that volunteer services would be needed, hence, job descriptions were outlined and membership pooled as to which ladies would like to serve on the grant project. All who accepted were previously trained in skills needed with the exception of operating the portable Sony Video Tape Recorder.

Solution

The electronics engineer, Mr. Fred Blackburn, on the Houston Speech and Hearing Center staff, offered his services to train interested Project Staff members and three volunteers to operate the Sony equipment. As a result, the Auxiliary ladies come at specified intervals to tape activities that have been programmed by Project Staff.

SLIDE 10 - ASSESSMENT TOOLS AND TECHNIQUES (Birth to Three)

The diagnostic division of the HSHC during the 1964-65 rubella epidemic pulled together an assessment battery for infants and young children. This was a developmental schema that included milestones in child growth and development. No updating of the battery had taken place since that time, but staff members were well aware that there were new data elsewhere in the country that would provide more sophisticated techniques for evaluating the language, problem solving, motor and social skills of the very young child.

What would be your reaction if you were confronted with a parent who was convinced that her infant was not progressing as well as his siblings? Would you be able to determine the level at which the baby was functioning in the pre-linguistic features of oral language? Could you identify the level of motor development or approximate problem solving age? Would you know whether or not this infant was maturing into a socially acceptable individual? Would you immediately refer this baby and parents to several professional persons and/or agencies or would you attempt to look at the total child and his medical record in an attempt to delineate his level of performance and then make appropriate referrals when indicated? These were questions we asked ourselves, then listed our specific problems and solutions.

Problems and Solutions

1. Unfamiliarity with normal babies.

   Three staff members whose primary concern was the development of an

infant evaluation battery had a two pronged problem: (1) they had not been blessed with babies of their own and (2) there had not been time in their schedules to visit Infant Care Centers where observations and activities with babies could take place.

Solution

To date, the diagnosticians have not been able to build into their schedules sufficient time to visit day care nurseries. At an informal staff meeting, the following decisions were made: (a) to mark off visitation time on the calendar, (b) to visit nurseries willing to involve staff members with infants, and (c) observe normal babies in homes of former staff members who resigned in favor of motherhood.

2. Referral Sources

Physicians have been the primary source of referral for children between the ages of 18 and 36 months. Very few referrals in the age group of 12-18 months are received and only two under the age of 12 months have been seen. No doubt the medical community is unaware of services for children in the lower age bracket. The decision of the Project Staff was to refer the problem to the Advisory Board.

Solution

At a meeting of the Advisory Board, two suggestions for solving the problem were offered, (a) a schedule of lectures before the Pediatric Society to be arranged by a board member, and (b) a brochure discussing the program for parents and their children ages birth to 18 months. It is interesting to note that in the planning year, the Advisory Board voted against a brochure for fear we would exceed the limit of approximately 25 children

to be accepted into the program. They were correct in their recommendation because our enrollment is now closed for the 18-36 month group and a wait list is accumulating.

3. Publications

The Project Staff, having worked with parents and their handicapped children ages birth to three years, were aware of the paucity of published clinical research that has been undertaken to identify handicaps that can be predicted to interfere with future academic achievement. The Project Staff found a great void in their academic as well as experiental background particularly in the area of normal language development.

Solution

A Project Staff member, Dr. Lynch, who recently received her doctorate with an emphasis upon linguistic features of normal language development, has been a valuable resource person both for lecturing and recommending specific readings.

Another very valuable in-service training program involved an invitation issued to and accepted by two Houston Speech and Hearing Center personnel to attend a Piaget Workshop sponsored by the Texas Education Agency, Fort Worth Independent School District, Southwest Educational Development Laboratory, and Texas Christian University. Subsequently, in the spring of 1970 the two HSHC staff plus a member of the Texas Education Agency, Miss Joan Williams (30), reproduced the program for HSHC staff and selected guests. As a follow up to this program, the video tapes prepared by Uzgurus and Hunt (28) have been ordered. Items from the Diagnostic Schema for Infants based on Piaget's data on infant development will be studied and considered for inclusion in our assessment battery.

4. Assessing the total child.

The reasons for assessing are two-fold: to (a) identify the handicapping problems and (b) plan early remediation. The diagnosticians believe in the

basic principle that handicapped children should not be routed to five, six, or ten different specialists who in turn submit reports, but most frequently make no recommendations concerned with stimulating the child to reach and maintain his potential in the areas of language, problem solving, motor and social skills. A series of reports from a variety of diagnosticians more often than not presents an unclear, even misleading picture of the child. Therefore, the Project Staff was determined to gain appropriate assessment expertise in these four areas in order to make additional referrals when indicated. The most significant area of deficiency was in assessing developmental motor skills.

Solution

Two consultants from the field of physical therapy, Mrs. Rosemary Tannock (26) and Mrs. Merle Stoddard (23), were invited to lecture and provide demonstrations that would assist the diagnosticians in their efforts to approximate developmental levels of motor functioning in the children referred to the program.

5. Audiological assessments.

Objective audiometry for infants and young children is, of course, not available and audiometric assessments of infants and young children has long posed a problem at the Houston Speech and Hearing Center. The large number of 1964-65 rubella babies that were tested provided the audiologists with rich experiences in developing subjective techniques for measuring hearing impairment. They have taken the attitude that audiological

assessment is an art and not yet a science, hence, believe that years of experience is still the best background for the audiologist. Even with this kind of expertise, there are children who are not testable or require many months of re-scheduling before hearing loss can be identified or ruled out. It is this group of children that constitute the problem.

Solution

The Project Staff audiologist enrolled in a seminar to be offered in February. The title of the course is "Techniques in Impedence Audiometry." It is his feeling that these new techniques will assist in the diagnosis of hearing impairment in otherwise untestable children.

SLIDE 11 - ASSESSMENT TOOLS AND TECHNIQUES (Non-Graded, First Level Primary Class)

Language/learning assessment tools and techniques for children three years of age and older had been developed at the Houston Speech and Hearing Center prior to the awarding of the Grant (6). The results of this battery of tests was helpful in selecting children from the Non-Graded Class and in pointing out their individual differences. No tests for assessing sentence structure, however, were being administered, yet such information was needed for curriculum development.

Problems and Solutions

1. Only education guesses could be made regarding the syntactic and morphologic features of oral language development.

Solution

The problem of obtaining developmental data for syntactic and morphologic features of oral language was partially met by inviting a consultant, Mrs. Laura Lee (16). She discussed her research with us and provided suggestions that would give us information about each child's sentence structure based on something more than an educated guess.

2. Tests for assessing skills in the written form of language had not been used at the Houston Speech and Hearing Center and no decision had been reached as to which one(s) should be adopted.

Solution

The Science Research Associates Series (SRA) was considered because it was in common use in the public schools of our community, Further staff training helped us make a choice. Dr. Empress Zedler (31), for example, presented a rationale for teaching reading that compared favorably with that of the SRA series. The final decision was made after a representative from Science Research Associates lectured on the basic principles and merits of SRA.

3. Many assessment tools and techniques that the teacher wanted were not available commercially. For example, she needed (a) a means of measuring the student's ability to tell sequence stories with pictures, (b) a list of key word pictures for phonics, (c) ways to record self concept data, (d) to know if a child understands the concept of "alike and different" as opposed to the oral direction, "Place an X on the one that is different", and (e) how to assess a child's ability to make a sentence upon request. Teacher-made tests in these areas and many others were needed for baseline data.

Solution

Informal staff meetings were held to discuss ways in which commercially unavailable tests could be developed. Very workable ideas were generated.

The sequence stories problem was solved by selecting six pictures presented in specified order to the children during the first week of school (pre-test). Their story about the pictures was tape recorded. Mid and post testing will follow and responses will be recorded.

The task of selecting key words for the phonics work "Find the picture that starts like ---" was not as simple as one might expect. For example, the teacher thought that all children would call the "n" picture a "nut" but found they responded with "pecan." To some of them, "wheel" was a "tire". The children were serving as staff trainers.

Self concept information was obtained by asking each child to respond to "Tell me about yourself." A categorical checklist was devised to record responses; i.e., number of enhancing items said about himself, number of derogatory items, number of comments about friends, and number of "I don't know" responses.

Locating the one that is different on ditto sheets involves an understanding of the concept "different" plus knowing the meaning of the words used by the teacher in giving the directions, "Place an X on the one that is different." The teacher task was to develop a series of tests that would delineate which children could categorize the pictures into piles of alike and different, which knew the meaning of "X", which knew the meaning of the word "different", and which could perform accurately. Then, could they perform if the oral directions were changed to "color all the ones that are alike?"

During the first week, each child was asked to "Make a sentence." Then he was asked to make a sentence when supplied with one word, two words, etc. Responses were recorded and a rating scale developed.

SLIDE 12 - CURRICULUM DESIGN AND IMPLEMENTATION (Birth to Three Program)

Parents and their handicapped children ages birth to three were selected on the basis of the deficits in one or more of the following areas: oral language, problem solving, motor and social skills, Twenty-six handicapped chil-

dren between the ages of 18-36 months are currently enrolled in daily one hour classes. Only three children between the ages of 3-18 months are enrolled. Handicapping conditions within the total population include cerebral palsy, spina bifida, hearing impairment, mental retardation, learning disabilities and multiple handicaps.

The goal for the children and their parents was well formulated before enrolling in the program. The teacher had designed a guide that would enable her to spend one hour daily in a diagnostic-training program with 3 or 4 children in the "intellectual" bracket of 18-36 months. Her contact with the children enabled her to demonstrate to parents techniques that could be utilized in the home. Individualized instruction was planned for parents of children below 18 months.

Problems

1. The teacher had received no training in administering the language/learning assessment battery. She felt it would assist her in writing behavioral objectives if she had such training.

Solution

She enrolled in a semester course, lecture and practicum, offered by the Houston Speech and Hearing Center staff to 14 public school speech clinicians.

2. Parent Cooperation.

Parents were sometimes lax in keeping individual appointments, completing homework and attending conferences.

Solution

Informal discussions with the total Houston Speech and Hearing Center staff provided the teacher with numerous suggestions to involve parents. She learned, for example, that by seeking out parents when their children were in the classroom with the instructional aide, was a way to show interest in them as a person. She could relate incidents observed in the classroom, ask about homework for the scrapbooks and listen to the parent who usually has something to say that may well be called "staff training." This technique and others enhanced parent cooperation.

3. Babysitting for spina bifida children.

On specific days, mothers of children with spina bifida were asked as a group to bring their children to the activity room. Part of the program involved the teacher demonstrating with the children and part involved group conferences with parents only. No volunteers were available at that hour to care for the children, and no funds for paid aides while the teacher met with parents.

Solution

The Project Staff members who knew very little about spina bifida offered to babysit. They found that staff training from the spina bifida children was excellent. To further increase our knowledge a booklet describing spina bifida problems (26) was obtained from the social worker who has served many of the families.

4. Writing the guide.

There have been more problems encountered than anticipated in writing a

systematic guide for this age group.

Solution

Informal staff meetings continued and consultant services sought to help solve the problems.

SLIDE 12 - CURRICULUM DESIGN AND IMPLEMENTATION (Non-Graded, First Level Primary Class)

From the United Fund portion of the service program, children were selected on the basis of chronological age and readiness for the class. Fourteen had hearing impairment, severe enough to have retarded language development without early intervention. Within this group, two have specific learning disabilities and one has severe inter-personal relationship problems. Two children with normal hearing and language and learning disabilities plus motor problems. One was in a wheel chair and the other in long leg braces. Unfortunately, these children dropped from the program because the parents found classes closer to their home. The children currently enrolled range in age from just under six years to seven years.

The teacher's goal was well formulated at the onset of the program. She would design and implement a guide uniquely suited to each child's individualized rate and style of learning. But, whenever traditional techniques are abandoned, new problems arise.

Problems

1. Where to begin.

When would baseline data be obtained -- during class time or not? What academic areas should the teacher stress during the first semester -- writing, or all areas? Nothing in the literature proved helpful. Confusion reigned.

Solution

Baseline data for individual children was obtained in the initial week of the semester during class time by the teacher while the instructional aide taught the class. With this data at hand, the teacher studied the assets and deficits of each child and discussed with Project Staff which areas to include and where to begin.

Because most of the children's hand-eye-motor coordination was too poor to expect anything but failure in handwriting, the first decision was to postpone the introduction of handwriting.

In order to insure absolute success in the first few weeks of school, the teacher started below the functioning level of each child in the areas of reading, numbers and oral grammar.

2. Systematized Guide.

How could a teacher assemble and put into writing a guide that was to be adapted to children whose language, learning and hand skills demonstrated specific deficits ranging from six months to two years below chronological age, yet assets at or up to two years above chronological age. There was no system to copy. One had to be generated.

Solution

Finding the way to write the curriculum guide in an orderly fashion developed only after four months of recording activities, lesson plans and parent comments, and meeting informally with Project Staff. By

insight, by chance, who knows, there came the time when the bits and pieces began to fall into place.

3. Parent Involvement.

Like most parents, the ones with children in the Non-Graded Class were set for the day when they could drop their youngsters off at school and have, at last, free mornings. They were opposed to many activities in which they were asked to participate; e.g., group conferences, Club Day and homework.

Solution

Staff training for this problem came from the parents who presented reasons why they opposed some of the demands made by the teacher. Their constructive criticism was instrumental in helping decide in which activities they would participate. As a result, the teacher armed with ideas for modifying her parent involvement program. For example, the question as to whether class assignments would be sent home was solved by the parents. They voted as individuals, some asking for homework, some rejecting it. Currently on days that home assignments are made, each child receives an envelope to take to his parents, with or without instructions, as requested by the mothers. It will be of interest to note how many are asking for home assignments at the end of the school year.

4. Field Trips.

The concept that first graders could profit from field trips was foreign to this group of parents. Academia to them was in the classroom. Because they believed field trips to be a waste of time, they did not wish to sign permission slips for these activities.

Solution

Informal meetings with parents and teachers solved the problem. After

substantial discussion, the parents voted to give permission for short trips that involved no more than an hour of class time. It will be interesting to note changes in parent attitudes when they truly understand the academic worth of field trips.

SLIDE 13 - BEHAVIOR MODIFICATION

At the beginning of the planning stage, none of the members of the team had even a basic acquaintance with the principles and practices of behavior modification. They were impressed with reports of the effectiveness of reinforcement techniques in developing academic skills and social behaviors, but they were somewhat skeptical of these claims. At the same time, however, they did not want to overlook any methods that might hold a greater promise for achieving teaching goals. One objective, therefore, was to seek staff orientation and training in reinforcement principles and their application in the classroom. A related goal was to develop ways to train parents in the extension of these principles into the home environment.

The two-fold objective of training teachers and parents in behavior modification has been more difficult than anticipated. There has been -- and there still exists -- considerable resistance to a frame of reference that contradicts hallowed theories and traditional practices of behavior management and teaching. Both parents and teachers, of course, have the universal tendency to defend methods which they have absorbed from the culture and from their own training, and to which they have become accustomed and committed. Having relied principally upon punishment as a corrective measure, many have found it hard to accept the notion that behavior is best controlled by rewarding de-

sired behaviors while not responding to unwanted behaviors. Many have also felt that there is something morally wrong about rewarding behaviors which they expect of a child as a matter of course.

It has been difficult to develop carefully planned programs and to have them carried out effectively enough that teachers and parents may be reinforced by success. Considerable time must be spent with the psychologist in basic instruction on principles, in program planning, and in follow-up conferences during the conduct of behavior-modification programs. Both teachers and mothers, however, are heavily scheduled and simply do not have time available. This has been the major obstacle to the use of behavior modification techniques. So far, we have found no way of getting around it.

Problems.

1. Center staff had little information on the subject of behavior modification.

Solution

During the planning year, consultants were brought in for training of both Project and non-Project Staff. Dr. Kenneth Ware on the Project Staff provided occasional informal talks and recommended reading materials. Mr. Brian Stabler (23) gave a lecture and demonstration to teachers and clinicians regarding ways in which their behavior could be categorized and modified in order to more effectively manage problem behaviors in the classroom. His contributions to a fuller understanding of behavior modification techniques was recognized by the entire staff.

On one occasion, the project team used as a consultant, Mr. Perry Gutherie (13), whose work includes development of behavior modification procedures for classroom teachers in the Galveston Independent School District.

During a one-day conference with Project Staff, he designed a program for using token reinforcers to improve behavior in the Non-Graded Primary Class.

2. Clinicians raised a special question regarding children in the Houston Speech and Hearing Center Program who demonstrate articulation errors that do not respond to standard techniques of therapy. They asked if behavior modification techniques would be applicable.

Solution

Two consultants who have a reputation for expertise in this area, Mr. Joseph Frielinger (11) and Dr. Alan Weston (29), were invited to serve as consultants. As a result of their excellent two days of lectures and demonstrations with children, several staff members organized and conducted tailor-made programs. Their primary problem has been that of carry over, but they are now attempting to develop techniques to overcome this obstacle.

3. The project psychologist, Dr. Ware, was experienced mostly in the application of reinforcement principles for control of deviant social behavior of the individual child in the home or the normal classroom setting. He was not familiar with special problems in a class for hearing impaired children, nor with the kinds of classroom behavior desired for these children.

Solution

The psychologist learned through conferences with the teacher and the instructional aide for the Non-Graded Primary Class, and through several hours spent in the observation room viewing classroom activities.

4. A system for categorizing child behavior in the classroom was needed.

Solution

Learning acquired through the aforementioned observations and conferences with the teacher and aide enabled the psychologist to select and define relevant classroom behaviors.

5. Trained observers were needed to accumulate data on behavior in the classroom.

Solution

Two volunteers were recruited from mothers of children in non-project classes at the Houston Speech and Hearing Center. They were instructed in the definitions of the behavior categories and were given several hours of practice in use of the scale through direct observation of the class.

Unfortunately, the use of volunteers as observers proved unfeasible, and the attempt was abandoned before any data were gathered. Since there were no funds for paying observers, the only alternative was to train the instructional aide in making some limited observations during times when she was not occupied with other activities.

6. Parents needed orientation and training in reinforcement principles. This was necessary in order that they might understand behavior modification procedures used in the classroom, and in order that they might acquire a background for working with the psychologist in planning and carrying out behavior modification strategies with their own children at home.

Solution

Weekly training sessions have been held with the mothers of the Birth to Three children. These are short sessions (40 minutes) in which two or three mothers meet with the psychologist while their children are in class. Patterson and Guillion's Living with Children (20) is assigned as outside reading. After a few meetings devoted to discussion of principles, the psychologist makes individual appointments with those who wish to plan behavior-change programs for their children. This has seemed to be a reasonably effective method with this group.

The psychologist has held a few meetings with the mothers of the Non-Graded Primary Class. These mothers have been given a brief overview of operant principles and their application in the token system used in the class. The attempt has been made to set up a regular 1 1/2 hour weekly period in which all mothers of this class would meet as a group for more extensive instruction in behavior modification. The plan was to use as a training manual the new book, Parents Are Teachers (7). So far, the attempt has been unsuccessful because most of these mothers have such full schedules that few of them can attend regular meetings for any extended period. We will probably pursue the idea of group training when and if time can be arranged. In the meantime, the psychologist will arrange individual appointments for those who are concerned about problem behaviors in their children.

SLIDE 14 - BUDGET

Problem

Developing a budget for the original grant request was not a problem for the Project Director because she called upon the Director of the Houston Speech and Hearing Center, Dr. Jack Bangs, who had 19 years experience preparing budgets. After the grant was awarded, however, it became the responsibility of the Project Director to handle all fiscal affairs. Learning bookkeeping terms, knowing how to transfer funds from one category to another and setting up a bookkeeping system were only a few of the areas that harassed her.

Solution

Two persons were instrumental in training the Project Director in the management of budget, Dr. Bangs (5) and Miss Jane DeWeerd, Education Program Specialist, Bureau of Education for the Handicapped (10). Patience was the key to their success in training the Project Director.

Further training was received at the two Project Director's meetings sponsored by the Bureau of Education for the Handicapped.

SLIDE 15 - DISSEMINATION OF INFORMATION

Problem

Project Staff met on several occasions to discuss ways in which the program and its fruits of labor could be disseminated to the public. There was the question, "Is this the best way?"

Solution

The subject of dissemination of information was presented to the Advisory Board for comment and further recommendations. Members of the Board mentioned ways in which they as individuals could help us contact appropriate persons in professional organizations and news media for purposes of launching a public relations program.

SLIDE 16 - LOCAL SPONSORSHIP AND FUNDING

For many years, the Houston Speech and Hearing Center staff has worked closely with staff of the Texas Education Agency to develop model programs for handicapped children at the point in time the handicap is identified. In February, 1970, the State Legislature passed a law and provided monies to extend the age range downward to three. Inasmuch as many public schools were not ready to accept children in this age bracket, non-public schools were asked to apply for approval of their programs. In June, 1970, the Houston Speech and Hearing

Center became an approved non-public school agency of the Texas Education Agency eligible to make contracts with local school districts to serve handicapped children, ages three through eight, who evidenced the following handicaps: hearing impairment, language/learning disability, speech disorders and multiple handicaps. This means that our Non-Graded, First Level Primary Class will be State supported, relieving parents of the financial burden of tuition.

The problem facing the Project Staff is to find funding for children in the birth to three age range. Many of these children can be served at the Center under United Fund monies. Children from the target areas, however, do not reach the Center due to lack of information, transportation problems, baby-sitting difficulties and finances.

Solution

Project Staff have met with staff from the Maternal and Infant Care Units and the County Hospital High Risk Baby Clinic. Plans are underway to coordinate services with these various units in an effort to develop outreach programs for the identification, assessment and training of children in the age range of birth to three.

CONCLUSION

The main component of a successful staff training program is a competent staff that has the capacity to gain new information and apply it to the tasks at hand. Specifically, they must listen with both ears, speed read, be in the right place at the right time, and be willing to work beyond the call of duty.

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